

State Health Forum

May 9, 2006

Red Lion Hotel Columbia Center
1101 Columbia Center Boulevard
Kennewick, WA 99336



NOTES AND SUMMARY EVALUATIONS

SBOH members present:

Kim Marie Thorburn, MD, MPH, Chair
The Honorable Mike Shelton, Vice Chair
Charles Chu, DPM
The Honorable David Crump, PhD
Keith Higman

Frankie T. Manning, MN, RN
Mel Tonasket
Bill White, Deputy Secretary, Department of Health

SBOH members absent:

Ed Gray, MD

Karen VanDusen

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Desiree Robinson, Executive Assistant
Heather Boe, Communication Consultant

Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst

Guests and Other Participants:

1. Jenny Anchondo, KNDO TV
2. Bishop Calvin Ball, New Life Church
3. Carol Brever, Citizen
4. Rick Brunk, Citizen
5. Susan Campbell, Grace Clinic
6. Peg Culbert, Student, Richland High School
7. Michelle Davis, Department of Health
8. Brooke Dubois, Benton-Franklin Community Health Alliance
9. Carol Endo, Columbia Basin Pediatrics
10. Curt Freed, Columbia Basin College
11. Louellyn Green, CHC La Clinica
12. Adrian Heap, Physician
13. Jerry Hiner, CHC La Clinica
14. Larry Jecha, Benton-Franklin Health District
15. Melanie Johnston, Lourdes Health Network
16. Bob Koch, Franklin County
17. Teddie Mahatten, CHC LaClinica
18. Charles Mansius, Citizen
19. Elaine Mansius, Citizen

20. Maureen May, Citizen
21. Barbara Mead, Lourdes Health Network
22. Jackie Merrick, Group Health Cooperative
23. Patricia O'Brien, Prosser Memorial Hospital
24. Mike Ragan, WEA
25. Dan Rau, Citizen
26. Fern Ridout, Sunnyside Community Hospital
27. Susan Scott, Student, Richland High School
28. Sarah Scheuter, Citizen
29. Jack Schroeder, Prosser Memorial Hospital
30. Michelle Schumache, Grace Clinic
31. Sarah Shadle, Citizen
32. Leslie Smith, Benton-Franklin Access to Care
33. Casey Stamper, Student, Richland High School
34. John Trumbo, Tri-City Herald

Access

Board Member: Kim Thorburn & Mike Shelton
Board Staff: Heather Boe
Participants: 14

Barriers

- Language – No interpreters that can convey information accurately, that patients can trust
- No Post-hospital follow-up care
 - cost prohibitive to uninsured patients
 - need to establish a primary physician to avoid health crisis
 - few physicians to accept uninsured/underinsured patients
 - transition from inpatient to outpatient care (hospitalists) to outpatient clinic
- Medicare
- Qualifying for insurance (pre-existing conditions)
- Dental Care
 - Cost/making health priorities. Solution? Columbia Basin College dental hygiene program
 - Getting information to patients and dealing with more serious dental problems
- Mental Health
 - before: anyone can get 1-time visit
 - Post funding reviews: need to qualify through crisis response – not enough staff at crisis response
 - Mentally ill are jail without medications
 - Housed in medical hospitals – no room in mental health facilities

Solutions

- Policy
 - allow more people in state programs
 - Put money where mouth is – provide insurance.
 - Pay appropriately for Medicaid/Medicare visits so providers will see them.
- 3-Share Programs

- Employers give money/employee/mo – employee match => used for HCAP type services
- Health Resources and Services (provides HCAP grants) now to 3-share
- Tort reform
- Changing focus of insurance ref??? to address patient needs and public health needs

Cost and Quality

Board Member: David Crump
Board Staff: Desiree Robinson
Participants: 7

Barriers

- Lack of teamwork among health care providers
- Lack of ability to control collecting fees
- Increase in number of people using ER for routine healthcare
- Correlation between ???
- Not enough time to educate patients – assembly line
- Lack of common definition of “quality”
- Cost of malpractice
- Doctors leaving the state
- Keeping them in care in able to fill
- Defensive medicine – open yourself up to aggravation, liability, etc.
- Margin of profit for treatment
- Fewer physicians going into primary care vs. specialty care
- Insurable people are passing on healthcare insurance
- “Working poor” is increasing
- Salaries and profit of insurance companies

Solutions

- Support clinics
- Federal grant program to help people engage with a medical home
- Hospitalists
- Control malpractice
- Insurance companies need to come up with “creative options” such as catastrophic insurance, medical accounts
- Only “not for profits” should provide healthcare
- “reasonable” reimbursement for service provided
- Working poor need reasonable medical insurance options
- State mandates that increased costs

Health Disparities

Board Member: Frankie Manning
Board Staff: Tara Wolff
Participants: 2-3

Barriers

- Poverty – It is color blind
- Education
- Handicaps – Medicare – Age cutoffs for services. i.e. special services, dental care for developmentally disabled folks
- Mental Health: in general and specific problems concerning jails and release to a lack of treatment. We have a conflict of laws.
- Medicare – PCP may not accept patients on Medicaid due to low reimbursement rates
- Malpractice Insurance costs are increasing and forcing MD (neurosurgeons, OB/GYNs, Ortho surgeons, etc.) into retirement.
- Hard to find a provider

Solutions

- Encourage people to take better care of themselves instead of relying on medicine to fix the problem
- Re-evaluate restrictions on how mental health money is used in Washington
- Cut out waste – i.e., disposal of unused medications after a patient dies (i.e. dispense smaller amounts of drugs)
- Look for ways to reduce administrative costs.
- Mandatory acceptance of Medicaid/Medicare patients – coupled with better reimbursement rates for medical providers
- Community clinics – will take patients with Medicare/Medicaid because government offsets costs
- Improve access to mental health care by increasing funding for services – make services adjunct to primary care so treatment can be early/well managed.
- Consider well managed socialized medicine
- Subsidize insurance

Prevention

Board Member: Mel Tonasket
Board Staff: Craig McLaughlin
Participants: 2

Barriers

- Youth today may live shorter life-spans than parents
- Need to learn what foods the bodies need
- Toxic exposure to children in homes, school environment, water, and food
- Eat too much sugar and fat
- Health providers don't recognize other modalities (alternative therapies)

Solutions

- Medical campuses with multiple modalities of care – chiropractics, acupuncture, body work, etc.
- Get people to take ownership of their own health issues
- Improved nutrition (include glychoprotiens)
- Improved health literacy
- Insurers pay for supplements/nutrition
- Program like “master gardeners” to work with people on natural nutrition

Public Health

Board Member: Keith Higman and Bill White
Board Staff: Ned Therien
Participants: 8

Barriers

- Fear of entering health system, clinical services (being noticed) by government
- Lack of knowledge of public health system
 - how to access system
- PH system not recognized as more than health department
- Pride – avoiding access
- Difficult getting timely services
- Getting system to address problems (lack of program – lack of accountability)
- Inadequate stable funding source – funding is “siloe,” shrinking local public health resources
- Unfunded mandates (e.g., smoking initiative – although great for public health)
- Staffing levels
- Public Health cannot tax community for services

Solutions

- Put the “public” back in “public health”
- Identify who is responsible to address public health problems
- Establish stable funding sources (especially for EH at local level)
- Level playing field with other local programs for local public health funding sources
- Convince insurance providers to help reimburse for wellness programs
- Educate public about how to access public health system
- Public health partnerships with other health organizations (e.g. public service week)
- Authority/method to tax community to support public health services
- Forum for sharing public health information (repetitive message)
- Expand use of public health educators
- Educate legislators about needs for public health system
- Prepare public for possible emergencies (pandemic flu)
- Remind public of benefits of public health system

General Discussion

- Air quality/mold in schools – regulations, someone responsible, inspections, consequences
- Identify impacts on system of undocumented immigrants
- Identify ways to share best practices and share (on Web)
- Ban on compensated care for non-citizens/undocumented
- Mold in industrial settings, also other environmental toxins
- Alliance – public health, illness care, employers
- Insurers other programs to work together and support public health – everybody on the same page
- Programs for mental health people so they are able to leave hospitals/jails when ready
- Tort reform/malpractice can't be pushed aside by government/legislature
- End state and federal unfunded mandates
- State needs to coordinate and have one point of view
- Encourage insurers to pay for preventive care
- Move toward less fragmented, less compartmentalized, less crisis oriented response toward a community oriented approach
- Get rid of the bad doctors/health care providers
- Encourage consumption of fruits and vegetables – 5 a day
- Cost of drugs driven by marketing – limit advertising
- Malpractice funding should change from current program to one like “workman’s comp” where the payment should be based solely on injury presence and person should not have to “sue” for compensation

Summary Evaluations – Participants (11 Evaluations Submitted)

Please indicate the extent of your agreement or disagreement with the following statements by circling your response					
	Strongly disagree				Strongly agree
Purpose and objectives of the forum were clear.	1	2	3	4	5
			2	6	2
Speakers were knowledgeable and effective.	1	2	3	4	5
		1		5	4
Material presented was clear and appropriate for my level of knowledge on this topic.	1	2	3	4	5
		1	1	7	1
My point of view was listened to and valued.	1	2	3	4	5
			1	3	6
This forum will help to guide the state in its health work.	1	2	3	4	5
		1	1	6	2
After attending the forum...					
I am more prepared to participate in efforts to make our state the healthiest in the nation.	1	2	3	4	5
		1	1	4	3
I have a better understanding of public health priorities for our state.	1	2	3	4	5
			3	5	1

- What worked well in this forum that we should continue doing?
 - Break-out sessions were good
 - Recaps good
 - Facilitators were helpful
 - Great issues, questions brought up (will this information be sent back to participants via email?)
 - Well conducted and informative
 - The groups that split up, it got a lot of topics covered in an efficient time.
 - Small group discussion and comments at end.
 - Hearing different views – patient vs. MD
 - Local panel
 - Small groups
 - End summary
- How could this forum been improved upon?
 - More public participation
 - Have more representation from other counties – Walla Walla, Yakima, etc.
 - More advertising about it
 - Advertise more in advance. Flier received the day of the forum.

- Have a brainstorm session
 - Shorter report back (stick to 4 min. each)
3. If there are any issues you wanted to bring up but did not get a chance to, please jot them down here.
- Need state support to offset mandates by administration and legislature
 - Stop the lack of responsibility from agencies for Mental Health. No one wants to own the problem! We get a patient who belongs in a Mental Health setting and no one will assist us!
 - Disease is not the absence of a drug. It is a nutritional deficiency. Glycomics is one of the 10 emerging technologies according to the MA Institute of Technology.
 - School indoor environmental quality – need regulations on air quality. A person to go to for requesting inspections. Consequences for refusing to comply with regulations.
4. If there are any issues you wanted to bring up but did not get a chance to, please jot them down here.
- Local Hospital
 - Administrator (DNS) at Sunnyside Community Hospital
 - Local Physician
 - Tri-City Herald
 - Flier in the mail
 - Staff at Grace Clinic
 - Friend and Newspaper
 - Television

Summary Evaluations – Board Members (3 Evaluations Submitted)

Please indicate the extent of your agreement or disagreement with the following statements by circling your response					
	Strongly disagree				Strongly agree
Purpose and objectives of the forum were clear.	1	2	3	4	5
				3	
Speakers were knowledgeable and effective.	1	2	3	4	5
				2	1
Material presented was clear and appropriate for my level of knowledge on this topic.	1	2	3	4	5
					3
Participants' point of view were listened to and valued.	1	2	3	4	5
				1	2
This forum will help to guide the state in its health work.	1	2	3	4	5
				2	1
The balance of time on the agenda was about right between speakers and discussion.	1	2	3	4	5
				3	

After attending the forum...					
I understand better what the public sees as priorities.	1	2	3	4	5
			1	2	
I would say it was a valuable use of time and resources.	1	2	3	4	5
				3	

1. What worked well in this forum that we should continue doing?
 - Allowing public to share their thoughts, solutions. Listening!
 - Allow public to participate to maximum extent possible.
 - More time for breakout sessions
2. How could this forum been improved upon?
 - Provide some simple instruction on topics.
 - Figure out a way to involve more public.
 - I wonder if the timing affected attendance (i.e. over the dinner hour)
3. Were the concerns of Board members brought up about the forum addressed sufficiently?
 - Group desire to focus on Access primarily.
 - Yes.
 - Yes.